THE FOLLOW		I IS FOR TOWN OFFICIAL REVIEW & SIGNATURES
	ess 232	FORFST RUAD AGENT SECTION
in rouicuing and approving	ony continution	for a permit, the Town officer shall determine that the following
provisions have been met:	ану аррисацон	Tor a permit, the rown officer shall determine that the following
The application is con All applicable regulation Modification: Extension:	ons have been me I/A	olicable fee has been paid. et or varied by the modification process. oproved Denied ranted Denied Expiration Date: //
	ОТІ	HER APPROVALS REQUIRED
		s with local Inland Wetlands, Health District and Public Works be required and any conditions of approval shall be incorporated into
MUST N		DIRECTOR IF CUTTING OR FILL IS 12" OR GREATER
DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
☑ Approved as subm ☐ Approved with mod ☐ Denied.	itted. lification or cond	ch are attached to or referenced on this form, the permit has been: ditions as stated below. oproval or reason(s) for denial apply:
AUTHORIZED AGENT: SIGN	NATURE &	DATE 5/4/17

